

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: _____

The Baltimore Museum of Art

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 10 Art Museum Dr. Baltimore, MD 21218

Name of Agent Designated to Receive

Notification of Claimed Infringement: Brianna E. Bedigian

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

10 Art Museum Dr.
Baltimore, MD 21211

Telephone Number of Designated Agent: 443-573-1851

Facsimile Number of Designated Agent: 443-573-1581

Email Address of Designated Agent: bbedigian@artbma.org

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 2/22/07

Typed or Printed Name and Title: Brianna Bedigian Rights & Reproductions
Coordinator, The Baltimore Museum of Art

SCANNED 04 11 - 2007

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

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